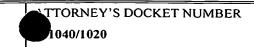
COMBINED DECLARATION FOR PATENT APPLICATION AND VER OF ATTORNEY (Includes Reference to Pounternational Applications)



As a below named inventor, I hereby declare that:

DEST AVAILABLE COPY

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

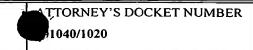
HEME PROTEINS HEMAT-HS AND HEMAT-BS AND THEIR USE IN MEDICINE AND MICROSENSORS the specification of which (check only one item below):

[X]	is attached hereto	0.		•			
[]	was filed as U.S. Patent Application Serial No(if applicable).				on	and was ar	mended on
[]	was filed as PCT on				on	and was a	mended under PCT Article 19
		te that I have revi ndment referred to		derstand the contents of	f the abo	ve-identified spec	ifications, inc	cluding the claims, as amended
I ack	nowled e of Fed	ge the duty to dis leral Regulations,	sclose informa , § 1.56(a).	ation which is material	to the pa	tentability of this	application i	n accordance with Title 37,
centi al <u>s</u> o at lea	ficate o identifi ast one	r of any PCT inte ed below any fore	rnational app eign application the United S	lication(s) designating a on(s) for patent or inventions of America filed	at least o	ne country other rtificate or any Po	than the Unit CT internation	tion(s) for patent or inventor's ed States listed below and have nal application(s) designating ng a filing date before that of
PRIC	OR FOR	REIGN/PCT APP	LICATION(S	S) AND ANY PRIORI	TY CLA	IMS UNDER 35	U.S.C. 119:	
	(IF PC	COUNTRY CT, indicate "PCT	7")	APPLICATION NUMBER		TE OF FILING y, month, year)	1	PRIORITY CLAIMED UNDER 35 USC 119
					-			[]YES[]NO
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								[]YES[]NO
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-								[]YES[]NO
								[]YES[]NO
								[]YES[]NO

Page 1 of 2

COMBINED DECLAPATION FOR PATENT DF ATTORNEY (Continued) APPLICATION AND POV (Includes Reference to Perinternational Applications)

Michael L. Goldman



Direct telephone calls to:

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S.	APPLICATIONS		STATUS (Check One)				
U.S. APPLICAT	U.S. FI	U.S. FILING DATE		PENDING	ABANDONED		
PCT AP	PLICATIONS DESIG	NATING THE U	.S.	· ·			
PCT APPLICATION NO.	PCT FILING DATE		L NUMBERS	BEST A	VAILAB	LE COPY	
POWER OF ATTORNE application and transact a	all business in the Pater	nt and Trademark	Office connected	therewith. Michae	el L. Goldman,	Registration	

Registration No. 40,087; Georgia Caton, Registration No. 44,597

W. E. Wa		NIXON PEABODY Clinton Square, P.C Rochester, New Yo	Aichael L. Goldman 716) 263-1304		
ID.	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
#		Alam	Maqsudul		
2	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
0		Honolulu	Hawaii	United States	
]=== ¶1	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
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	FULL NAME OF INVENTOR	FAMILY NAME FIRST GIVEN NAME		SECOND GIVEN NAME	
		Larsen Randy			
$\begin{vmatrix} 2 \\ 0 \end{vmatrix}$	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
$\begin{bmatrix} 0 \\ 2 \end{bmatrix}$		Kaneohe Hawaii		United States	
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	ADDRESS	47-527 Ipu Lepo Wy	Kaneohe	Hawaii 96744/USA	
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
2 0 3	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203		
UNSIGNED	UNSIGNED			
DATE	DATE	DATE		

Send Correspondence to: